

Employee Enrollment Card



601 Poydras Street
New Orleans, LA 70130



1045 76th St., Ste. 4000
West Des Moines, IA 50266

| | | | |
|---|---|--|---|
| Name of Employer | | Employment Date | Effective Date |
| Name of Insured | | Date of Birth | Annual Maximum <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Social Security Number | <input type="checkbox"/> Employee <input type="checkbox"/> Retiree | <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Board Member | Group # |
| Spouse's Name | Date of Birth | Dependent Name | Date of Birth |
| Dependent Name | Date of Birth | Dependent Name | Date of Birth |
| Dependent Name | Date of Birth | Dependent Name | Date of Birth |
| Primary Beneficiary for AD&D | | Relationship | |
| Contingent Beneficiary for AD&D | | Relationship | Data Input in Lx |
| <p>I certify that my eligible dependents and I are covered by a Base Health Plan as defined in the Employer's Participation Agreement and I Hereby request to be insured under the group policy (ies) issued.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature </p> | | | |

Executive Edge Benefits will be administered in accordance with the Base Health Plan. The Base Health Plan must have minimum benefits as follows:

- \$1,000,000 lifetime maximum per person; subject to:
- an annual deductible not to exceed \$5,000 per person; and
- a maximum out of pocket per individual not to exceed \$ 10,000

Eligible major medical charges must include semi-private room and board (in full), and extended care (in full). The Base Health Plan must provide coverage for usual, customary and reasonable charges for all professional services and supplies.

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.